

KAYSVILLE CITY
MUNICIPAL CAMPAIGN FINANCIAL DISCLOSURE

SMITH L DE CARIS

Full name of candidate

985 OXFORD DR KAYSVILLE 84037

Address

KAYSVILLE CITY COUNCIL - 4 YR TERM

Name of office

1. Total contributions
(Form "A" total)

\$ 0

2. Total campaign expenses
(Form "B" total)

\$ 0

3. Balance at the end of the reporting period

\$ 0

12/4/2019
Date

[Signature]
Signature of Candidate

KAYSVILLE CITY

ITEMIZED CONTRIBUTION REPORT (FORM "A")

Date Received	Name of Contributor	Complete Mailing Address	Amount of Contribution
		<i>None Received</i>	
TOTAL CONTRIBUTIONS			\$ 0

KAYSVILLE CITY

ITEMIZED EXPENDITURE REPORT (FORM "B")

Date of Expenditure	Person/Organization to Whom Expenditure was made	Purpose of Expenditure	Amount of Expenditure
TOTAL CAMPAIGN EXPENDITURES			\$ <u> </u>

NO EXPENDITURES